

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **20279**  
**5091**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Alexian Brothers Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 hours  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Henry's Neulist

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Katherine 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased January 5 1870  
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 14 If less than one day  
hr. min.

9. Birthplace Nauvoo Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Louis Neulist

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
(City, town, or county) (State or foreign country)

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Neulist

(b) Address 3339 S. 2nd St.

17. (a) Burial (b) Date thereof 6/23/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew's Cem.

18. (a) Signature of funeral director Walter H. H. H.

(b) Address 3634 Gravois Ave.

19. (a) JUN 21 1941 (b) J. D. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3339 S. 2nd St.  
(If rural, give location)  
(e) Citizen of foreign country? - (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 19th 1941  
year 1941 hour 8 minute 00 p.m.

21. I hereby certify that I attended the deceased from May 1st 1941 to June 19th 1941  
that I last saw him alive on June 18th 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis (Toxic) 3 days  
caused by following  
Due to Gangrene Right Foot caused  
by Enderteritis Obliterans  
Due to 4 Wks.

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations XXXX  
Of autopsy XXXXX

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence XX  
(c) Where did injury occur? XXXX  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
XXX

While at work? (Specify type of place) (e) Means of injury 5

23. Signature Dr. W. H. H. H. (M. D. or other)  
Address 3608 So. Grand Blvd. Date signed 6/20/41

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**